



## Baptism Information Form

Please Print all information

## Office

Session Date \_\_\_\_\_

Baptism Date \_\_\_\_\_

127 Liberty Street South, Bowmanville, ON L1C 2P5

905-623-3233 Fax: 905-623-1547 Email: [stjoes@rogers.com](mailto:stjoes@rogers.com)

### Child's Information

Last Name \_\_\_\_\_ First Name (s) \_\_\_\_\_ M / F

Date of Birth: \_\_\_\_\_ Place of Birth (city/town) \_\_\_\_\_  
 dd/mm/yyyy

### Parent's Information

Father's Name: \_\_\_\_\_ (last) \_\_\_\_\_ Baptized: Yes No  
 If yes, Catholic: Yes No

Address: \_\_\_\_\_  
 Street # and name, Apt/Unit, Town, P.C.

Phone # (best) \_\_\_\_\_ email: \_\_\_\_\_

Mother's Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_ Baptized: Yes No  
 (Maiden Name) If yes Catholic: Yes No

Address: \_\_\_\_\_  
*If different from above* Street # and name, Apt/Unit, Town, P.C.

Phone # (best) \_\_\_\_\_ email: \_\_\_\_\_

### When choosing your God Parents

- Can be (2) God Parents, a male and a female, at least one of them must be a practising Catholic, having received all three (3) Sacraments of Initiation [Baptism, Eucharist and Confirmation] [Require Annotated Baptism Certificate]
- If one is non-Catholic, but is a Christian, they would be a Christian Witness.

God Parent's Name: \_\_\_\_\_ Roman Catholic: Yes No

God Parent's Name: \_\_\_\_\_ Roman Catholic: Yes No

**There is a \$50.00 Fee that is to accompany this registration form. The information session and Baptism date will not be given until this form, an Annotated Baptismal Certificate of God Parent and the fee is given to the office. Thank you.**

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Registration Form \_\_\_\_ Fee \_\_\_\_ Copy of God Parent Baptism Form \_\_\_\_ Received by \_\_\_\_ Date \_\_\_\_\_